Oakland University
Physical Therapy Program
1. DScPT Program - Research Advisory Committee

Student Name: ___________________________ Student # ___________________________

Research Topic: __________________________

Committee chair: (must be OU PT Faculty member.) __________________________

Members: (For entire committee, including the chair, 2 of the 3 must be from OU)

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Chair Agreement
I agree to serve as the Chair of this Research Advisory Committee for the above named student. I understand that my responsibilities for this project include:

- Work with the student to identify appropriate committee members.
- Be available to students for discussions, questions and suggestions throughout the completion of this project.
- Provide feedback to students on rough drafts in a timely manner.
- Guide the student through the approval processes including the Program approval, IRB approval, and any grant processes.
- Monitor and document the student’s progress.
- Complete the required paperwork for submission of grade.

Comments:

Chair Signature: ___________________________ Date: ___________________________

Member Agreement
I agree to serve as a member of the Research Advisory Committee for the above named student. I understand that my responsibilities for this project include:

- Attend Research Advisory Committee meetings.
- Be available to students for discussions, questions and suggestions throughout the completion of this project.
- Provide feedback to students on rough drafts in a timely manner.
- Provide feedback to the Committee Chair regarding student progress on his/her project.

Comments:

Member Signature: ___________________________ Date: ___________________________
Member Agreement
I agree to serve as a member of the Research Advisory Committee for the above named student. I understand that my responsibilities for this project include:

- Attend Research Advisory Committee meetings.
- Be available to students for discussions, questions and suggestions throughout the completion of this project.
- Provide feedback to students on rough drafts in a timely manner.
- Provide feedback to the Committee Chair regarding student progress on his/her project.

Comments:

Member Signature: ___________________________ Date: __________________________

Research Advisory Committee Form
DM/DSc/P/T/wp 5/13/2010